STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			. ,	CONSTRUCTION		E SURVEY PLETED
			-	A. BUILDING:		С
		IL6002489	B. WING		04/	20/2015
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
APITOL	HEALTHCARE AND	REHAR CENTER	ST CARPENTE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations				
	300.610a)					
	300.696a) 300.1010h) 300.1210b) 300.1210d) 2) 3) 5) 300.3240a)					
	Section 300.610 Re	esident Care Policies				
	procedures, govern the facility which sh Resident Care Polic least the administra the medical advisor representatives of r the facility. These with the Act and all These written polici operating the facility least annually by th	Il have written policies and ing all services provided by all be formulated by a cy Committee consisting of at ator, the advisory physician or ry committee and hursing and other services in policies shall be in compliance rules promulgated thereunder les shall be followed in y and shall be reviewed at is committee, as evidenced by dated minutes of such a	•			
	controlling, and pre shall be established and procedures sha include the requirer	ection Control cedures for investigating, venting infections in the facility d and followed. The policies all be consistent with and nents of the Control of eases Code (77 III. Adm. Code				

05/04/15

Illinois D	Department of Public	Health			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		IL6002489	B. WING			C 20/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CAPITO	L HEALTHCARE AND	REHAB CENTER	T CARPENTE			
CALITO		SPRINGF	IELD, IL 627	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 1	S9999			
	Diseases Code (77	III. Adm. Code 693). Activities to ensure that these policies				
	 h) The facility shall of any accident, injuresident's condition safety or welfare of limited to, the prese decubitus ulcers or percent or more wit facility shall obtain a of care for the care 	Medical Care Policies notify the resident's physician ury, or significant change in a that threatens the health, a resident, including, but not ence of incipient or manifest a weight loss or gain of five thin a period of 30 days. The and record the physician's plan or treatment of such accident, condition at the time of				
	Nursing and Person b) The facility shall and services to atta practicable physica well-being of the re each resident's com plan. Adequate and care and personal of resident to meet the care needs of the re d) Pursuant to subs care shall include, a and shall be practic seven-day-a-week 2) All treatments ar administered as or 3) Objective observ resident's condition emotional changes determining care re	provide the necessary care ain or maintain the highest I, mental, and psychological sident, in accordance with nprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal esident. section (a), general nursing at a minimum, the following ced on a 24-hour,				

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	0. 00		A. BUILDING: _			
		IL6002489	B. WING	B. WING		C 20/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
CAPITO	L HEALTHCARE AND	REHAR CENTER	ST CARPENTEI FIELD, IL 6270			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ige 2	S9999			
S9999	resident's medical n 5) A regular program pressure sores, here breakdown shall be seven-day-a-week enters the facility we develop pressure so clinical condition de sores were unavoid pressure sores shat services to promote and prevent new pr Section 300.3240 A a) An owner, licens	m to prevent and treat at rashes or other skin e practiced on a 24-hour, basis so that a resident who ithout pressure sores does no ores unless the individual's emonstrates that the pressure dable. A resident having Il receive treatment and e healing, prevent infection, ressure sores from developing Abuse and Neglect ee, administrator, employee o hall not abuse or neglect a				
	by: Based on interview	were not met as evidenced and record review, the Facility	,			
	assessment and tir residents (R11, R2 possible Streptoco wounds. 2) ensure Ulcers receive time treatment to prever	on-going monitoring, nely treatment of wounds for 3 5, R22) who were reviewed for ccus A infections in their e residents with Pressure ly necessary monitoring and nt infections for 2 residents d for infected Pressures				
	Findings include:					
	R2's diagnoses inc	, dated 2/4/15, documents tha ludes Osteomyelitis of the ssure ulcer to the left ischium, bral Palsy.				

TATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	OF CONTECTION	······································		A. BUILDING:		
		IL6002489	B. WING		C 04/20/2015	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
	HEALTHCARE AND	REHAR CENTER				
		SPRING	FIELD, IL 6270			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ige 3	S9999			
	R2's Physician Order Sheet (POS), dated 3/16/15, documents a new order signed by Z3, Infectious Disease Physician, stating "May obtain throat culture, wound culture, to rule out strep A, when supplies available."					
	documented on R2 Evaluation form "le wound: Wound size cm X 5.5 cm, surfa undermining: 6 cm Serous. Right Ischi unstageable. Wour	bund Care Specialist, 's Wound Care Specialist ft Ischium stage 4 pressure e: 7.5 centimeter (cm) X 8.0 ce area: 60.00 cm, at 11 o'clock, Exudate: Heavy um pressure wound, nd size: 2.8 X 2.0. Surface date: Moderate Serous.				
	at 1:00 PM, a throa left shin was obtain	sis documents that on 3/22/15 t culture and culture to R2's ed. There is no record that a ge 4 Pressure Ulcer on the left ed at this time.				
	Nurse (LPN), docur "staff into room che touch, T&P (turn ar Temperature (Tw) 1	PM, E25, Licensed Practical mented in R2's nurses notes ecking on resident, felt warm to nd reposition) at this time. 101.4. Writer gave resident . B/P (blood pressure) 130/70 rations (R) 20."				
	R2's Physician, to c and sensitivity for p Stat CBC (statim, c x-ray due to increase	PM, orders received from Z5, obtain urinalysis and culture possible urinary tract infection, complete blood count), chest sed temperature and on until influenza swab can be				
		alysis, dated 3/29/15 at 5:00 e results of R2's CBC: "White				

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
		IL6002489	B. WING	B. WING		C 04/20/2015	
						20/2013	
	PROVIDER OR SUPPLIER	555 WES	DDRESS, CITY, ST TCARPENTE				
CAPITOL	L HEALTHCARE AND	REHAR CENTER	FIELD, IL 6270				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From pa	lge 4	S9999				
	notes document tha local hospital in Inte diagnosis of severe On 4/3/15 at 4:00 F documents "Hospit sepsis with Group A	ormal 3.4-9.4)." R2's nurses at R2 was sent and admitted to ensive Care Unit with e sepsis on 3/29/15. PM, Z9, Hospital Physician, al Progress Notes - Severe A Strep (GAS) bacteremia, Sacral Decubitus Ulcer."					
	R2's hospital record 4/3/15 at 10:48 PM Medical Doctor: "H Illness/Reason for Sepsis. Under Asse Sepsis; characteriz failure, marked leuk phosphokinase (CF pressors. Multiple of Breakdown of left fa Stage 4 pressure s middle lobe infiltrate additional oxygen re symptoms). Cerebr goiter-status post h mellitus. Under Dis Strep is an unusual	ds include documentation on , by Z6, Infectious Disease					
	facility to follow was "IDPH Investigation Invasive GAS Infec additional cases: M additional invasive months from onset	rithm which the CDC gave the s reviewed and documents of One Culture-Confirmed tion. 1. Identification of laintain "active surveillance" fo or noninvasive cases for 4 of most recent case."					
	Nurse (LPN), stated	AM, E4 Licensed Practical d "I have cultured all of the the facility and have cultured					

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
			A. BUILDING: _			
		IL6002489	B. WING			20/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
CAPITOL	HEALTHCARE AND	REHAR CENTER	T CARPENTE			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF ((X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ige 5	S9999			
	all of the wounds in	the facility." E4 stated "I am				
		thm from the Center for				
		DC)." E4 stated "R2 had Id as we had cultured his leg				
		d E5 LPN) felt the coccyx ulcer				
		one." E4 stated they did not				
		3 for an order not to culture				
	R2's Stage 4 Press	sure Ulcer.				
	On 4/8/15 at 2:30 F	PM, Z3 Infectious Disease				
	Medical Doctor, wa	s asked if any staff had asked				
		what wounds to culture if a				
		than one wound. Z3 stated "I				
		rily culture all wounds if a than one wound, I would				
		e worst wound - the worst				
		the highest chance for Strep				
		taff has asked me to clarify,				
		nue the order for any resident. ed for clarification on which				
	wounds to culture.					
	On 4/14/15 at 11:10) AM, E2 was asked who at				
		which wounds to culture. E2				
		al Director, stated "E4 and E5 o decide which wounds to				
	culture."					
	On 4/8/15, at 10:30	0 AM, E4, LPN/Infection				
	Control Nurse, stat	ed that due to a Strep-A				
		ility, the Center for Disease				
		onnel working for the Illinois lic Health (IDPH) have been				
		consultation with the Facility.				
	E4 said that the Fa					
	recommendations	for culturing of all residents				
		d pressure sores which was				
		e IDPH CDC personnel on commendations included an				
i. Dana	tment of Public Health					

STATEMEN	Pepartment of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
		IDENTIFICATION NOWIDEN.	A. BUILDING: _				
		IL6002489	B. WING			C 04/20/2015	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
CAPITOL	L HEALTHCARE AND	REHAR CENTER	T CARPENTEI FIELD, IL 6270				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	HE APPROPRIATE	COMPLET DATE	
S9999	Continued From pa	ige 6	S9999				
	documents; "1. Ide Maintain "active sur invasive or noninva onset of most received R11's Facility Admis documents diagnos Renal Disease, Sch R11's most recent p not address the ope spine. R11's most (MDS), dated 2/7/1 cognitively intact, is assistance of one s bed mobility, and de	Invasive GAS Infection which entification of additional cases: rveillance" for additional usive cases for 4 months from nt case." ssion Record, dated 2/5/15, ses, in part, of End Stage nizophrenia and Hypertension. olan of care (undated) does en area on R11's thoracic recent Minimum Data Set 5, documents that he is a dependent on the extensive staff member for transfers and oes not ambulate.					
		le - For Predicting Pressure 3/10/15, documents that R11 is kin breakdown.					
	PM, Wound team a	document "3/31/15, 10:45 assessed wounds. Resident and Right dorsal hands. Skin hand."					
	Certified Nurses Aid resident has an ope 1.5 cm to the thora Wound team alerte	document "4/1/15, 4:30 PM, de (CNA) alerted writer that en area 2 centimeters (cm) by cic spine. No drainage noted. d and family made aware". as signed by E8, Licensed PN).					
	are on R11's thorac physicians order's o Administration Rec	entation regarding the open cic spine in R11's current or on the April 2015 Treatment ord (TAR). There is no further arding the open area on R11's					

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED
		IL6002489	B. WING			20/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
CAPITOL	HEALTHCARE AND	REHAR CENTER	T CARPENTE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 7	S9999			
	thoracic spine in R1	1's nurses notes.				
	Licensed Practical I 11:00 AM, Resident touch, swollen + 2 e green pus-like drain physician, called. N Levaquin 250 millig days, and Tylenol 1 as needed. Make a the office for the ph There is no docume or Wound Log that cultured as part of t additional Strep A in E5, Wound Nurse, 4/13/15 at 12:56 PM about the open area said that there is no	press Note", signed by E34, Nurse, documents on 4/5/15, ts left hand red, warm to edema. Complaining of pain, hage noted. Z2, R11's New Order received for rams (mg) orally, daily for 7 000 mg orally every 6 hours appointment for him to come to ysician to evaluate him". entation in the Nurses Notes, on 4/5/15, R11's hand was he ongoing survelliance for ifections in the facility. stated in an interview on <i>A</i> , that no one ever told her a on R11's thoracic spine. E5 o record of R11's physician e area and a treatment order				
	at 1:08 PM, that she about the new area E8 said that E5 has	cal Nurse, stated on 4/13/15 e "said something in passing" on R11's thoracic spine to E5. s a lot of responsibility so E5 at E8 told her about R11's new				
	given by telephone Z2 is R11's physicia interview on 4/15/19 R11's clinical record speaking for Z2. Z	f prepared questions was to Z11, who is Z2's Assistant. an. Z11 stated in a telephone 5 at 2:00 PM that Z2 reviewed d with Z11 and Z11 was 11 said that the Facility did not a pressure sore on R11's				

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C	
		IL6002489	B. WING		04/2	20/2015
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
CAPITOL	L HEALTHCARE AND	REHAR CENTER	T CARPENTE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 8	S9999			
	Licensed Practical I 11:00 AM, Resident touch, swollen + 2 e green pus-like drain physician, called. N Levaquin 250 millig days, and Tylenol 1 as needed. Make a the office for the ph There is no docume or Wound Log that cultured as part of t	ress Note", signed by E34, Nurse, documents on 4/5/15, ts left hand red, warm to edema. Complaining of pain, hage noted. Z2, R11's New Order received for rams (mg) orally, daily for 7 000 mg orally every 6 hours appointment for him to come to ysician to evaluate him". entation in the Nurses Notes, on 4/5/15, R11's hand was the ongoing survelliance for nfections in the facility.				
	PM, Wound nurse a hand. Left hand ed touch. Resident co hand. Area measu undetermined depti moderate serous de New Orders receive	dated 4/6/15 document "2:30 assessed wound to Left dorsal lematous and red. Warm to mplaining of discomfort to res 1.1 cm by 3.5 cm by h. 100% loose yellow fibrin, rainage noted. Z2 notified. ed. Discontinue previous and. Cleanse, Santyl Calcium h Kerlex daily".				
	Progress Note for F hand cellulitis. Des of hand, except fing Culture left hand we	oner, (NP), documented on a R11 on 4/6/15 "Problem: left cription: Cellulitis and abscess gers and thumb. New Order: bund. Continue Levaquin. e. Monitor redness, warmth				
	"4/6/15 - Ŵound nu around 3:00 PM an PM. E5 reported th	e, signed by E24 documents rse, E5, saw patient reportedly d discussed with me at 7:20 here was no redness up the , dorsum of hand and wrist. At				

STATEMEN	epartment of Public T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6002489	B. WING		C 04/20/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
CAPITOL	HEALTHCARE AND	REHAB CENTER	CARPENTE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ge 9	S9999			
	of patients condition for backup pharman to evening supervis IV NOW. Tygacil 50 morning, every 12 h R11's "Physician's 0 dated 4/6/15 at 8:00 100 mg now. 2. Tyg This order is signed dated 4/6/15, 8:15 h (IV) Line, 22 gauge ordered for IV antib documentation in R culture was done of Progress Note writt 4/7/15, "reassessed	Orders" documents an order O PM for "1. Tygacil IV STAT gacil 50 mg IV dose for AM". I by E24. R11's nurses note PM, documents "Intravenous , placed in left forearm as iotic." There is no further 111's nurses notes that a f R11's hand. en by E24 documented on d patients condition. Cellulitis				
	edema, erythema a available from phar Room". R11's Wound Cultu documents a cultur (obtained two days	upper arm with 2-3+ pitting and warmth. Tygacil not yet macy. Sending to Emergency re - Left Hand Wound, e was obtained on 4/7/15 after wound was noted				
	documents "Strepto Heavy Growth". On 4/9/15, at 4:30 F with the facility, E2, was asked what gu for monitoring resid this time; especially of Strep A in the fac	PM, during a daily meeting Corporate Regional Director, idelines the Facility is following lent's current / new wounds at with ongoing and new cases cility. E2 replied "that is a good CDC on our next phone				
	conference." E1 ac	also present but gave no				

	epartment of Public					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED	
		IL6002489	B. WING		C 04/20/2015	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
CAPITO	HEALTHCARE AND	REHAR CENTER	T CARPENTE			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)		
S9999	Continued From pa	ge 10	S9999			
	No information was	ngoing/new wound monitoring. given as to why R11's hand ured on 4/5/15 when it was ning green pus.				
	hospital, dated 4/9/ began to swell on a stain collected in th draining from the de gram-passivity coce cellulitis, left hand. about the possibility streptococcal infect Staphylococcus au	Isultation" form from the 15, documents "R11's hand bout 4/5/15 but a Gram e emergency room from fluid orsal left has has yielded ci in pairs. Impression: Severe Plan: I would be concerned y of group A beta hemolytic tion. The Methicillin-resistant reus or an entorococcal o be considered. We will treat in."				
	saw R11 on 4/6 and and medication. E2 unable to obtain the so, R11 never receive why R11 was sent of next day. E24, state physician concerni R11's arm. E24 state	AM. E24, NP, stated that she d 4/7/15 and ordered a culture 24 said that the Facility was e Tygacil from the pharmacy ived the IV antibiotic - that is but to the emergency room the ed she did not notify R11's ng the infected skin tear on ated she did not work for Z2 ate care with R11's physician,				
	given by telephone Z2 is R11's physicia telephone interview clinical record with Z2. Z11 stated that Z2 that there is a S Facility Z2 did not fi R11 was sent to the	f prepared questions was to Z11, who is Z2's Assistant. an. Z11 stated in the that Z2 had reviewed R11's Z11, and Z11 was speaking for to one at the Facility has told treptococcus A outbreak in the ind out about the outbreak until e hospital. Z11 stated "Z2 did -NP, treating R11 without				

Illinois Department of Public Health STATE FORM

DH9511

If continuation sheet 11 of 17

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	0. 00		A. BUILDING: _	A. BUILDING:		
		IL6002489	B. WING		C 04/20/2015	
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
CAPITOL	L HEALTHCARE AND	REHAR CENTER	T CARPENTE			
(X4) ID		TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF ((X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	HE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ige 11	S9999			
	notifying him, and z coordinate R11's ca	Z2 would expect E24 to are with Z2."				
	PM that R11 contin for the infection in h 10:48 AM, E3, Dire contract pharmacy about 2 hours away medication order is to call and fax the of contract pharmacy to obtain the medic on duty when the S received stated she However, there is n the record that she The Facility's Outbr Disease policy, revi Interpretation and I Infection Prevention Services will be res Medical Director an assessment and tir of 5 residents (R11 reviewed for possib in their wounds in th resulted in R11 and	sing, stated on 4/15/15 at 3:20 ues to remain in the hospital his hand / arm. On 4/16/15, a ctor of Nursing, stated the which the Facility utilizes is /. E3 said that if a STAT received, staff are supposed contract pharmacy and the will contact a local pharmacy ation. E3 stated that the nurse TAT Tygacil order was a called the pharmacy. to record / documentation in did call for the medication. reak of Communicable ised 2012, documents: Policy mplementation "8. The hist and Director of Nursing ponsible for: c. Notifying the d the Attending Physicians." nely treatment of wounds for 3 , R25, R22) who were ble Streptococcus A infections he sample off 33. This failure I R25 being hospitalized for a fection in their wounds.				
	Dementia, Diabetes care plan dated 1/2 at risk for falls, with	et documents diagnoses of s and Hypertension. R25's 9/15, documents that R25 is interventions including ident to request assistance				
		heet (POS), for R25, on s "May obtain throat culture,				

Illinois D	epartment of Public	Health			FORM	APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		СОМ	PLETED
		IL6002489	B. WING			C 20/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CADITO	L HEALTHCARE AND	DELLAR CENTER 555 WES	T CARPENT	ER		
CAPITO	L REALINCARE AND	SPRINGF	IELD, IL 627	702		
(X4) ID		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO TH	IE APPROPRIATE	DATE
				DEFICIENCY)	
S9999	Continued From pa	ige 12	S9999			
	wound culture to ru	le out Strep A when supplies				
	available."	le out Strep A when supplies				
		, dated 4/2/15 at 2:30 AM,				
		"Loud noise heard, upon				
	entering room resident found lying face down.					
	Resident rolled herself onto back. Resident stabilized on floor. Lacerations noted to forehead					
	2 centimeters (cm) X 0.2 cm. Laceration to right cheek 2 cm X 0.2 cm and laceration to side of					
	right head 2 cm X 0.4 cm. Pressure applied to					
	lacerations and ice applied" On 4/2/15 at 2:53					
	AM, orders received to transfer resident to local					
	Emergency Room f	for evaluation and treatment.				
	$O_{22} \frac{1}{2} \frac{1}{$	M EValiaanaad Braatiaal				
		M, E8's Licensed Practical es Notes documented,				
		urned to facility - noted				
		d 3 lacerations to residents				
	head."					
		E5 LPN, Wound Nurse,				
		5's Nurses Notes "Wound idents wounds. Resident has a				
		cheek that measures 1.5 cm				
		nable to determine), no				
		in to right forehead that				
		(0.5 cm X UTD, moderate				
		age. 3 sutures intact. Bruise to				
	right eye that meas	ures 6.0 cm X 6.5 cm X UTD."				
	$On \frac{4}{7}/15 + 0.20$	M E17 DN decumented in				
		M, E17 LPN, documented in 25 "Temperature 100, heart				
		s 18, blood pressure 100/50.				
		sive to verbal & physical				
		r take medicine. Right				
	forehead, right eye	and right cheek very red and				
		ny appearance. Having trouble				
	breathing through h	her nose. Spoke with (Z12) and				
line D		ts condition. Orders received				
inois Depai	rtment of Public Health					

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY PLETED	
		IL6002489	B. WING			C 20/2015
NAME OF I	REFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) CON 39999 Continued From page 13 to send resident to Hospital for evaluation. Daughter aware." S9999 S999 On 4/7/15 at 9:55 AM, E17 documented on R25's transfer sheet "Resident had a fall on 4/2/15 with facial injuries. Sutures to right forehead. Areas on face more swollen today, very red and warm to touch. Right eye still swollen closed. Appears to be having trouble breathing through her nose." On 4/7/15, Z13, Medical Doctor (MD), "Hospital History and Physical Report" documents that R2 was admitted to the hospital on 4/7/15 with a diagnosis of Cellulitis. "Nursing home resident came in with cellulitis on the right forehead, involving the right upper eyelid and right maxillary area. Had a laceration on the right forehead about a week ago after falling on her face, with no A					
CAPITOL	HEALTHCARE AND	REHAB CENTER				
	SI IMMA DY STA		-			(NE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From page 13		S9999			
	to send resident to Hospital for evaluation.					
	transfer sheet "Res facial injuries. Sutur face more swollen to touch. Right eye sti be having trouble b On 4/7/15, Z13, Me History and Physica was admitted to the diagnosis of Cellulit came in with cellulit involving the right u area. Had a lacerat about a week ago a loss of consciousne Laceration was sutur Keflex in the emerge	aident had a fall on 4/2/15 with res to right forehead. Areas on today, very red and warm to Il swollen closed. Appears to reathing through her nose." edical Doctor (MD), "Hospital al Report" documents that R2 e hospital on 4/7/15 with a tis. "Nursing home resident tis on the right forehead, upper eyelid and right maxillary ion on the right forehead after falling on her face, with no ess per nursing home staff. ured and discharged with gency department. Later swelling at the suture site				
	Doctor, Hospital Pr documented "Asse cellulitis/right face of culture from the for Methicillin-resistant Group A Strep and	Staphylococcus aureus, yeast."				
	culture of R25's fac the facility. E5 state R25's facial wounds charting dated 4/2/ ⁻ regarding the lacera which measured 2.1	0, E5 LPN, was asked why a sial wound was not obtained in ed "there was no drainage on s." E5 was asked about her 15, in R25's nurses notes ation to R25's right forehead 2 cm X 0.5 cm with moderate ainage. E5 stated "We were				

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING		С	
		IL6002489	D. WING		04/2	20/2015
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
CAPITOL	HEALTHCARE AND	REHAR CENTER	ST CARPENTE FIELD, IL 6270			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	age 14	S9999			
	not doing cultures that day, on 4/2/15." When asked if R25's wound had ever been cultured at this facility as part of ongoing surveillance, E5 stated "No."					
	Control Nurse, state outbreak in the Fac Control (CDC) pers Department of Pub providing ongoing of E4 said that the Fac recommendations fac and pressure sores the IDPH CDC pers recommendations i "Investigation of Or GAS Infection whic Identification of add surveillance" for add	for culturing throats, wounds which was given to them by sonnel on 3/19/15. These included an Algorithm ne Culture-Confirmed Invasive h documents; "1. ditional cases: Maintain "active				
	response to the out Facility-wide order f Physician, on 3/16/ cultures to rule out became available. in the facility we the the order of 3/16/15	ted that as part of the Facility's tbreak,the Facility obtained a from Z3, Infectious Disease 15, to obtain throat and wound Strep A when supplies E4 said "we cultured everyone ought should be cultured with 5. I did not get a discontinue dent wounds which we did not	9			
	telephone. Z3 said Facility-wide order cultures to rule out were available. Z3	PM, Z3 was interviewed by I that he issued the to obtain throat and wound Strep A when the supplies stated "I would not necessarily if a resident has more than one				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		IL6002489	B. WING) 0/2015	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
	L HEALTHCARE AND	BEHAB CENTER 555 WES	ST CARPENTE	R			
		SPRING	FIELD, IL 6270			1	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From pa	ige 15	S9999				
	wound. I would definitely culture the worst wound - the worst wound would have the highest chance for Strep A." Z3 stated "No staff has asked me to clarify, change or discontinue the order for any resident in the faciliy.)				
	On 4/14/15 at 11:10 AM, when asked who was responsible for deciding which resident wounds to culture, E2 Cooperate Regional Director, stated "E4 LPN and E5 LPN, collaborated to decide which wounds to culture."		5				
	11:15 AM as "any a odor, purulent drair decline in a wound.	ctive Surveillance on 4/14/15 a active signs of infection - foul hage, pain, redness or drastic E4 stated; she (E4) and E5 leveloped wounds weekly as pillance.	t				
	documents: "3/16/1	Order Sheet (POS) 5 May obtain throat culture, le out Strep A when supplies					
	Evaluation report o "Diabetic Wound of Serous Exudate." written by E5, Wou	ist Medical Doctor, Wound Care Specialist n 3/20/15 and 3/27/15, f the Left Heel, Moderate Wound Care History notes nd Nurse/LPN, documented 7/15, "Left Heel, Moderate					
		2's Skin Assessment: "3/22/15 drainage, (left heel circled on	5				
	Nurse (LPN), comp	0 AM, E9 Licensed Practical eleted a dressing change to dressing was saturated with					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY
		IDENTIFICATION NOMBER.			COMPLETED	
		IL6002489	B. WING			C 20/2015
IAME OF I	IE OF PROVIDER OR SUPPLIER STR		TADDRESS, CITY, STATE, ZIP CODE			
APITO	L HEALTHCARE AND	REHAR CENTER	T CARPENTE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	age 16	S9999		,	
	Disease Nurse/LPN on the drainage fro LPN, assisted with During R22's dress 10:30 AM, E9 state sero-sanguineous of On 4/14 /15 at 11:1 of R22's left heel w because it was 50% confirmed that R22 been cultured desp drainage off and or 4/15/15. E5, then s that the wound has as everyone in the	ing change on 4/15/15 at d, "There is a lot of drainage on the old dressing." 5 AM, E5 stated that "A culture as not done (prior to this day) 6 necrotic on 3/22/15." E5 's left heel wound has not ite having sero-sanguineous between 3/20/15 through tated she "I am not concerned not been cultured for Strep A, facility is going to be treated t state when this treatment for				
	(B)					